

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2		2	
TOTAL DEP.	2		2		2	
TOTAL CLAIMS	4					

*	*	*	*
IND.	DEP.	IND.	DEP.
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98			
99			
100			
TOTAL IND.		2	
TOTAL DEP.		2	
TOTAL CLAIMS		2	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS